

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **4023 Nebraska**) St. \_\_\_\_\_ Ward \_\_\_\_\_

21833  
 File No. \_\_\_\_\_  
 Registered No. **5567**

**2. FULL NAME** Mrs. Amelia Walker

(a) Residence, No. 4023 Nebraska St. 15 Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Abraham Bretscher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Marie Fischer  
4023 Nebraska Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Paltz, N.Y. DATE June 4, 1934

19. UNDERTAKER (ADDRESS) Biederstein Funeral Home  
11936 Spanning Ave

20. FILED 19 1934 Jos. J. Bedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to June 1, 1934

I last saw h. alive on 6/1, 1934 Death is said

to have occurred on the date stated above, at: 4:45 P.M., The principal cause of death and related causes of importance were as follows:

Cancer of R Lung Date of onset 1/33  
50  
470 50

Other contributory causes of importance: Cancer of Breast 5/1/32

Name of operation mamectomy Date of 6/1/34  
 What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) W. H. Morse M. D.  
 (Address) University Club Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. L. Morse  
Miss. Club Bldg.

1 P.M.

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